

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

05477

1. PLACE OF DEATH:

County Washington
 City or town Groveton Md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Washington
 City or town Groveton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

John H. Bishop
 4. Sex male 5. Color or race aa 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie May Bishop
 7. Birth date of deceased (mo., day, yr.) yes 8. (c) If alive, give age about 1880 years
 8. AGE: Years 68 Months about Days about If less than one day hrs. min.

3. (b) Social Security Number

no

MEDICAL CERTIFICATION

2D. DATE OF DEATH May 22 1948 at 1.00 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5/8/48 1948 to 5/22/48 1948
 and that I last saw him alive on 5/22/48 1948

Immediate cause of death Pulmonary Tuberculosis DURATION unknown

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Chen M. D. or otherAddress Snow Hill Md Date signed 5/24/489. Birthplace Groveton Md
(Town, county, and state)10. Usual occupation farmer11. Industry or business same as above12. Name James Bishop13. Birthplace Groveton Md14. Maiden name High Collick15. Birthplace Groveton Md16. Informant Annie May BishopAddress Groveton17. Burial (Burial, cremation, or removal. Which?) May 24-1948
(month) (day) (year)Cemetery or crematory Local SpringLocation Groveton18. Funeral director James P. StewartAddress Salesbury Md19. 5/24 1948 Re Day Smith
(Date rec'd by registrar) Registrar

RECEIVED

MAY 27 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH:

County Wicomico
City or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death 58 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Leviter Bratten4. Sex Female5. Color or race balant6. (a) Single, married, widowed, or divorced widowed6. (b) Name of husband or wife James Bratten

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 8 - 18868. AGE: Years 61 Months 9 Days 6 If less than one day hrs. min.9. Birthplace Snow Hill, Wicomico, Md
(Town, county, and state)10. Usual occupation Housewife11. Industry or business own home12. Name James Ballich13. Birthplace Maryland14. Maiden name Unknown

15. Birthplace

16. Informant Rami BrattenAddress Snow Hill, Md17. (Burial, cremation, or removal, which?) BurialDate thereof May 14/48
(month) (day) (year)Cemetery or crematory Mt WesleyLocation Snow Hill, Md18. Funeral director Clay E. SmithAddress Snow Hill, Md19. 5/15/48 19 48 LeRoy Smith
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WicomicoCity or town Snow Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number none

MEDICAL CERTIFICATION

20. DATE OF DEATH May 14 19 48 at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 19 48 to May 14 19 48and that I last saw him alive on May 13 19 48

Immediate cause of death

Pulmonary TuberculosisDURATION unknown

Due to

Due to

Other conditions Arthritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Paul Ben Id
M. D. or otherAddress Snow Hill Date signed 5/15/48

RECEIVED

MAY 15 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05479
355

1. PLACE OF DEATH:

County Warcester
 City or town Berlin md
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? life
 Hospital, institution, or street address where death occurred: no
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State md County warcester
 City or town Berlin md
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. no
 (If rural, give LOCATION) no
 2.(a) If veteran, name war no

3. (a) FULL NAME

Emma Briddell

3. (b) Social Security Number

no

4. Sex

female

5. Color or race

C. G.

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Littleton Briddell

7. Birth date of

deceased (mo., day, yr.)

about 1863

8. AGE:

Years

Months

Days

If less than one day

85

hrs.

min.

9. Birthplace

Berlin md
(Town, county, and state)

10. Usual occupation

Housekeeper

11. Industry or business

Same as above

FATHER

12. Name

John Dennis

13. Birthplace

Berlin md

MOTHER

14. Maiden name

Grace Battison

15. Birthplace

Brinfield md

16. Informant

Bertha Briddell

Address

Berlin md

17. Burial

(Burial, cremation, or removal. Which?)

Burial

Date thereof

May 7 - 48
(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin md

18. Funeral director

James M. Stewart

Address

Dorchester, md

19. 5-7-

(Date rec'd by registrar)

19

48 Helen J. Hayward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

4 May 48 1948 at 10:10 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1 1947 to May 4 1948and that I last saw h. in alive on 1 May 1948

Immediate cause of death

Compensated
anemia

DURATION

Due to

Chronic DegenerativeMyocarditis

Due to

Chronic Bronchitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

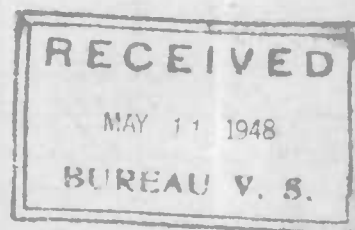
Injured at work?

23. SIGNATURE

Hannah Kobburn

M. D. or other

Address Berlin md Date signed 5 May 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

05480

CERTIFICATE OF DEATH

Reg. Dist. No. 351

1. PLACE OF DEATH: *Moncton*
 County *Snow Hill*
 City or town *(If outside city or town limits, write RURAL and give nearest town)*
 How long in above place of death? *70 years*
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME *Thomas J. Bruner*4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Widowed*6. (b) Name of husband or wife *Bulah F. Bruner*7. Birth date of deceased (mo., day, yr.) *Aug. 7 - 1869*8. AGE: Years *78* Months *9* Days *9* If less than one day *hrs. min.*9. Birthplace *Bethesda, Md.* (Town, county, and state)10. Usual occupation *Retired Merchant*

11. Industry or business

12. Name *William C. Bruner*13. Birthplace *Maryland*14. Maiden name *Hank B. Jones*15. Birthplace *Maryland*16. Informant *Joseph C. Bruner*Address *Snow Hill, Md.*17. *Burial* Date thereof *May 18, 1948* (month) (day) (year)Cemetery or crematory *Whitcomb*Location *Snow Hill, Md.*18. Funeral director *Walter E. Dymally*Address *Snow Hill, Md.*19. *5/18/48* *LeRoy Smith* Registrar (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State *Maryland* County *Moncton*City or town *Snow Hill* (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war *70*3. (b) Social Security Number *none*

MEDICAL CERTIFICATION

20. DATE OF DEATH *May 16* 19 *48* at *3:45* P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *May 14* 19 *48* to *May 16* 19 *48*and that I last saw him alive on *May 16* 19 *48*Immediate cause of death *Cerebral Vascular Accident* DURATION *2 days*Due to *Hypertensive Cardiovascular* 5 yrs.Due to *Renal Disease*Other conditions *Arteriosclerosis*

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *Robert L. LaMar, MD* M. D. or otherAddress *Snow Hill* Date signed *5-17-48*

RECEIVED

MAY 21 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05481

Reg. Dist. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town Ocean City
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County Worcester

City or town Ocean City
 (If outside city or town limits, write RURAL and give nearest town)

Street No. _____
 (If rural, give LOCATION)

2(a) If veteran, name war _____

3. (a) FULL NAME

William Emerson Brittingham

3. (b) Social Security Number

4. Sex

male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

May 3, 1881

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

67020

hrs.

min.

9. Birthplace

Berlin Wor Co. md R.T.D.
(Town, county, and state)

10. Usual occupation

Retired Merchant

11. Industry or business

MOTHER FATHER

12. Name

Lambert S. Brittingham

13. Birthplace

md

14. Maiden name

Ellen E. Simmons

15. Birthplace

md

16. Informant

Mrs. John Lynch

Address

Ocean City md

17.

(Burial, cremation, or removal, Which?)

Date thereof

(month) (day) (year)

Cemetery or crematory

Evergreen

Location

Berlin md

18. Funeral director

James R. Burbay

Address

Berlin md

19.

(Date rec'd by registrar)

5-25-48 Helen J. Hayward

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23 1948 at 8:55 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May1946, to May 23 1948and that I last saw him alive on May 23 1948

Immediate cause of death

Cerebral hemorrhage

DURATION

2 wksDue to Arteriosclerosis & hypertension5 yrs

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

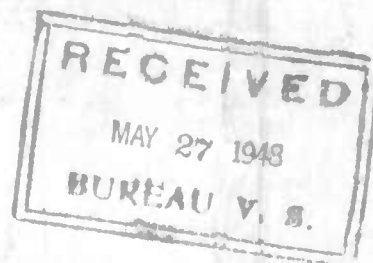
23. SIGNATURE

Lambert S. Brittingham

M. D. or other

Address

Ocean City, mdDate signed 25 May 48



PLEASE WRITE MAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 351

05482

76

94a

1. PLACE OF DEATH: Wicomico
 County Snow Hill
 City or town (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 76 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State Maryland County Wicomico
 City or town Snow Hill
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. (If rural, give LOCATION)
 2.(a) If veteran, name war 70

3. (a) FULL NAME Virginia W. Battingham

3. (b) Social Security Number none

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife John Battingham
 7. Birth date of deceased (mo., day, yr.) April 19 - 1872
 8. AGE: Years 76 Months 1 Days 5 It less than one day hrs. min.

9. Birthplace Snow Hill, Wicomico, Md
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Angela Harris

13. Birthplace Maryland

14. Maiden name Mary A. Wilson

15. Birthplace Maryland

16. Informant Mrs. Wilson Battingham

Address Snow Hill, Md

17. Buried Date thereof May 27/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematorium Baths Memorial

Location Snow Hill, Md

18. Funeral director LeRoy E. Dennis

Address Snow Hill, Md

19. 5727/ 48 Lo Roy Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 24 19 48, at 6:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1946 19 48 to May 24 19 48
 and that I last saw her alive on May 24 19 48

Immediate cause of death Congestive Cardiac failure DURATION 3 wks

Due to Semility + Repeated

coronary occlusions. 172 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

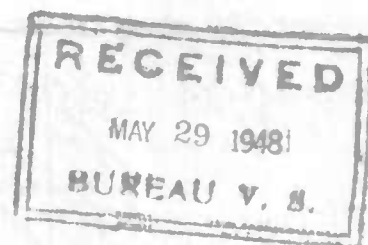
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Robert L. La Mar, M.D. M. D. or other

Address Snow Hill Date signed 5-25-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

05483

131a

1. PLACE OF DEATH:

County WorcesterCity or town Berlin Md
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred: noHow long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County WorcesterCity or town Berlin Md
(If outside city or town limits, write RURAL and give nearest town)Street No. no
(If rural, give LOCATION) no

2.(a) If veteran, name war.....

3. (a) FULL NAME

Annie Hall

3. (b) Social Security Number

214-12-55984. Sex female5. Color or race a.a.6.(a) Single, married, widowed, or divorced Divorced

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Sept 6 19026.(c) If alive, give age no years8. AGE: Years 45 Months 11 Days 21 It less than one day hrs. min.9. Birthplace Berlin Md
(Town, county, and state)10. Usual occupation Housekeeper11. Industry or business Same as above12. Name William Powell13. Birthplace Berlin Md14. Maiden name Eliza Smack15. Birthplace Berlin Md16. Informant Eliza PowellAddress Berlin Md17. Burial Date thereof June 2, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory New BethellLocation Berlin Md18. Funeral director James H. StewartAddress Salisbury Md19. 6-2 Helen F. Hayward
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 30 1948 at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 29 1948 to May 30 1948and that I last saw her alive on May 29 1948Immediate cause of death myo carditis & arthritis DURATION 1 yearDue to degenerative myocarditis 1 yearDue to Coronary renal disease 1 yearOther conditions none
(Include pregnancy within 8 months of death)Major findings of operations none Date of op.Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

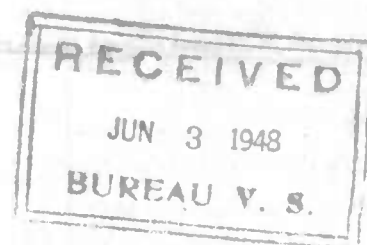
Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. J. O'Donnell M.D. M. D. or otherAddress Berlin Md Date signed 6/1/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 05484 (355)

1. PLACE OF DEATH:

County Worcester
 City or town Whaleyville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Sewell Henry Hastings

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Florence Hastings6. (c) If alive, give age 66 years7. Birth date of deceased (mo., day, yr.) Nov. 8, 1880

8. AGE: Years Months Days it less than one day
67 5 27 hrs. min.

9. Birthplace Whaleyville
(Town, county, and state)10. Usual occupation Retired11. Industry or business Blacksmith12. Name Sewell Hastings13. Birthplace md14. Maiden name Mary Wester Baker15. Birthplace md16. Informant Florence HastingsAddress Whaleyville, Md.17. Burial Date thereof 5-3-48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Whaleyville May 3, 1948Location Whaleyville, Md.18. Funeral director M. Rasha WatsonAddress Whaleyville, Md.19. May-3-48 Helen F. Hayward
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Whaleyville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2. (a) If veteran, name war _____

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1, 1948 19____ at _____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 15, 1948 to day 7 death
 and that I last saw him alive on April 30, 1948 19____

Immediate cause of death myocarditis chronic
 DURATION 2 yrs.

Due to _____

Due to _____

Other conditions Chronic nephritis glomerular

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Frank Leiros M.D.
M. D. or otherAddress Wilkes Md Date signed May 3, 1948

RECEIVED

MAY 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

05485

Reg. Dist. No.

3574

1. PLACE OF DEATH

County Worcester
 City or town Stocketon Rural #1
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 74 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Adel H. Hudson

7. Birth date of deceased (mo., day, yr.)

Sept. 13 - 1873

6. (c) If alive, give age

65 years

8. AGE:

Years

Months

Days

If less than one day

74

7

29

hrs.

min.

9. Birthplace

Stocketon Worcester, Md

10. Usual occupation

Farmer

11. Industry or business

Smithy, Bay

12. Name

Major J. Hudson

13. Birthplace

Maryland

14. Maiden name

Sallie Ann

15. Birthplace

Maryland

16. Informant

Major J. Hudson

Address

Stocketon, Md

17. (Burial, cremation, or removal. Which?)

Burial

Date thereof

(month) (day) (year)

May 14/48

Cemetery or crematory

Stocketon

Location

Stocketon

18. Funeral director

Leroy E. Dyer

Address

Snow Hill, Md

19. (Date rec'd by registrar)

May 14 1948

(Date rec'd by registrar)

Injury M. Taylor

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Stocketon Rural #1
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

May 12 1948 at 12:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 1 1948 to May 12 1948

and that I last saw him alive on May 12 1948

Immediate cause of death

Apoplexy

Due to

Arteriosclerosis and

hypertension

Due to

unknown

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

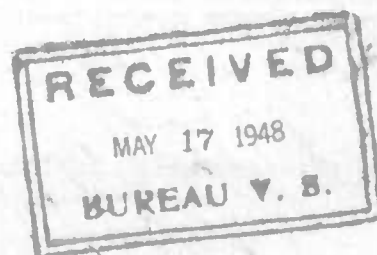
Paul Chen M.D.

Address

Snow Hill Md

Date signed

5/12/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 333

1. PLACE OF DEATH:

County Worcester
 City or town Near Poreville Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred

Thelands Md (R.F.D. #1)

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County WorcesterCity or town Thelands Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D. #1

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Archabald. A. Jones.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed or divorced

Married

6.(b) Name of husband or wife

Bessie A. Jones

7. Birth date of deceased (mo., day, yr.)

Feb. 18, 1877

6.(c) If alive, give age

62 years

8. AGE: Years Months Days If less than one day

71 3 4 hrs. min.

9. Birthplace

Poreville Md.
(Town, county, and state)

10. Usual occupation

Farmer

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17. (Burial, cremation, or removal, which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19. (Date rec'd by registrar)

19. 5/25/48 19. 48 Worcester Thelands Md.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 22 nd 19. 48 at 6:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 22nd 19. 48 to May 22 19. 48and that I last saw him, alive on May 22, 1948Immediate cause of death: Coronary occlusionMyocarditis chronic

DURATION

2 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur?

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

22. SIGNATURE

Address

Date signed

RECEIVED

JUN 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

05487.

Reg. Diat. No. 355

1. PLACE OF DEATH:

County Worcester
 City or town W. Halesville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town W. Halesville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rt. 2
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Richard S. Jones Sr.

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Marie Ellen Jones
 6. (c) If alive, give age 57 years
 7. Birth date of deceased (mo., day, yr.) Nov. 17 1890

8. AGE: Years 57 Months 6 Days 6 If less than one day _____ hrs. _____ min.

9. Birthplace W. Halesville
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Levin Jones

13. Birthplace Ind.

14. Maiden name Clacey Hall

15. Birthplace Ind.

16. Informant Mrs. Mary Jones

Address W. Halesville, Ind.

17. Buried Date thereof May 26, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory _____

Location W. Halesville, Ind.

18. Funeral director M. Gustaf Nelson

Address W. Halesville

19. S-26-48 Helen F. Hayward
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH May 23, 1948 at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1947 to 23 May 48 and that I last saw him alive on 23 May 48

Immediate cause of death Carcinoma of descending colon

DURATION 2 yrs.

Due to _____

Due to _____

Other conditions Benign tumor, carcinoma of prostate

(Include pregnancy within 3 months of death)

Major findings of operations found as above

western Date of op. 1948

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

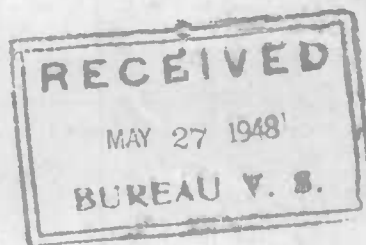
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE H. A. Babbini M. D. or other _____

Address Berlin, Ind. Date signed 26 May 48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 353

1. PLACE OF DEATH:

County Worcester
 City or town Shoreland Md.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 27 years
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Calvin Taylor Long

4. Sex

Male

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Rosa M. Long

7. Birth date of deceased (mo., day, yr.)

Jan. 18, 1877

8. AGE:

Years 71 Months 3 Days 13 If less than one day
 hrs. min.

9. Birthplace

Swiss Co. Del.
(Town, county and state)

10. Usual occupation

Merchant

11. Industry or business

FATHER 12. Name Stephen Long
 13. Birthplace Delaware

MOTHER 14. Maiden name Sarah Long
 15. Birthplace Delaware

16. Informant

Paul Long
Address Shoreland

17.

Buried Date thereof May 3, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Red Men's Cem.
Seabrook, Del.

Location

18. Funeral director

Henry H. Watson
Address Locomotion City, Md.

19.

5/5 48 Mrs. Long
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Worcester
 City or town Shoreland
 (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 1 19 48 at 9:45 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19 45 to May 1 19 48
 and that I last saw him alive on May 1 19 48

Immediate cause of death

Carcinoma prostate metastasizing to left femur.

DURATION

3 yrs.

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Frank Lewis M.D.
 M. D. or other May 3 48
 Address Wellards St. Date signed

RECEIVED

JUN 7 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 354

1. PLACE OF DEATH:

County Worcester
 City or town Stockton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Worcester
 City or town Stockton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Annie B. Merritt
 6.(c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) Feb. 26-1900

8. AGE: Years 48 Months 3 Days 2 It less than one day
 9. Birthplace Stockton, Worcester, Md.
 (Town, county, and state)

10. Usual occupation
 11. Industry or business Sea Food Merchant
 12. Name William T. Merritt
 13. Birthplace Maryland
 14. Maiden name Susan Marshall
 15. Birthplace Maryland

16. Informant Mrs. Annie B. Merritt
 Address Stockton, Md.

17. Burial Date thereof May 31-1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Episcopal Cemetery
 Location Stockton, Md.

18. Funeral director Henry H. Watson
 Address Reconoke, Md.

19. May 31 1948
 (Date rec'd by registrar) Registrar Mary Taylor

MEDICAL CERTIFICATION

20. DATE OF DEATH May 28, 1948, at 10:50 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1948 to May 28, 1948
 and that I last saw him alive on May 27, 1948

Immediate cause of death Pulmonary Tuberculosis infection

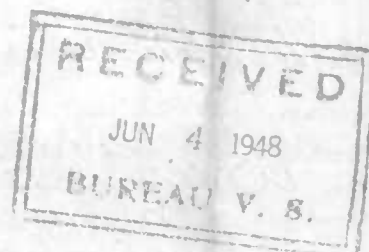
Due to
 Due to
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of injury Injured at work?

23. SIGNATURE Paul Chen M. D. or other
 Address Snow Hill Date signed 5/31/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

05490

Reg. Dist. No. 351

1. PLACE OF DEATH:

County WorcesterCity or town Widdletts
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 37 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

4. Sex

Male

5. Color or race

Caucasian

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Margaret Purnell1. Birth date of deceased (mo., day, yr.) May 16 - 1896

8. AGE: Years Months Days If less than one day

52 2 2 hrs. min.9. Birthplace Snow Hill, Worcester, Md
(Town, county, and state)10. Usual occupation Farmer11. Industry or business Hay-Milk12. Name Jacob Purnell13. Birthplace Maryland14. Maiden name Ellen Hayward15. Birthplace Maryland16. Informant Mrs. Margaret PurnellAddress Widdletts, Md

17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)

Burial May 23/48Cemetery or crematory Widdletts, MdLocation Widdletts, Md18. Funeral director LeRoy E. DumasAddress Snow Hill, Md19. 5/21 48 LeRoy Smith
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WorcesterCity or town Widdletts
(If outside city or town limits, write RURAL and give nearest town)Street No. 76
(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

M. P. Purnell, md

MEDICAL CERTIFICATION

20. DATE OF DEATH May 19 19 48 at 12:30 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 19 46, to May 15 19 48and that I last saw him alive on May 18 19 48

Immediate cause of death

Hypertensive heart diseasesevere atherosclerosisDue to 2/3

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Harold SmithAddress Benlin, MdDate signed 19 May 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 167 05491 350

1. PLACE OF DEATH

County Worcester Co
City or town Do not know
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Do not know
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Somerset
City or town Pocomoke City Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2. (a) If veteran, name war

3. (a) FULL NAME

James Robinson

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Joseph Robinson

6. (c) If alive, give age 28 years

7. Birth date of deceased (mo., day, year) DK 1910

8. AGE: Years 38 Months DK Days DK If less than one day hrs. min.

9. Birthplace Do not know
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farm work mostly

12. Name Do not know

13. Birthplace Do not know

14. Maiden name Do not know

15. Birthplace Do not know

16. Informant My daughter Matthews

Address Pocomoke City, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof May 28, 1948
(month) (day) (year)

Cemetery or crematory Hall's Hill Cemetery

Location Pocomoke City, Md.

18. Funeral director Bennis & W. Sloan

Address Pocomoke City, Md.

19. May 31, 1948 Anne E. White
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH DK Probably May 23rd 1948 at 8 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1948 to 1948

and that I last saw deceased dead way 28 1948

Immediate cause of death Homicide DURATION

Due to Blows inflicted by blunt instrument

Due to alcoholic

Other conditions DK. River several days 5 days

(Include pregnancy within 3 months of death)

Major findings of operations Sudden hemorrhage Date of op. probably May 23rd

Autopsy results frankly significant

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE If death was due to external causes, fill in the following: Accident, suicide, or homicide Date of May 23rd

Where did injury occur? Do not know (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Do not know

Means of injury Blunt instrument Injured at work? No

23. SIGNATURE N. E. Arthurson Jr MD M. D. or other 5/28/48

Address Pocomoke City Md Date signed 5/28/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Deceased was found floating in Pocomoke river in Worcester Co near Pocomoke City Md
may 27/48

D. Sartorius informed Registrar there would be a delay in completing certificates.
6/3/47 W



1948
88/661
0161

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

05492

350

1. PLACE OF DEATH:

County WorcesterCity or town Pocomoke
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Rural Pocomoke
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Josephine Robinson

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female Colored Married

6. (b) Name of husband or wife

James Robinson

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

July 7, 1921

8. AGE:

Years

Months

Days

If less than one day

271016

hrs.

min.

9. Birthplace

Painter Accomac Virginia
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

Burial
(Burial, cremation, or removal. Which?)

Date thereof

June 21, 1948
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

June 23

19

48Anne E. White
Registrar

23. SIGNATURE

Address

MEDICAL CERTIFICATION

20. DATE OF DEATH

Don't know Probably 5/23, 1948 at 9 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from death
June 1948 1948 to 19
and that I last saw deceased 6/19/48 19

Immediate cause of death

Probably Drowning

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Don't know Date of 7/1Where did injury occur? _____
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) L.K.Means of injury AK Injured at work? No

23. SIGNATURE

Address

M. D. or other

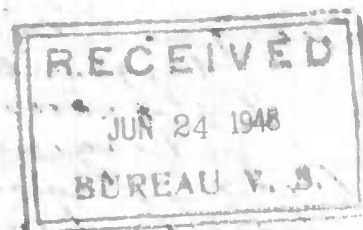
Date signed 6/20/48

MARGIN RESERVED FOR BINDING

VS A15

9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 355

1. PLACE OF DEATH: Worcester
County
City or town: Waverlyville
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 days
Hospital, institution, or street address where death occurred:
How long in hospital or institution: Dead upon arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Worcester
City or town: Berlin Md P.P.
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Rural
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: John Liram Webb
4. Sex: M 5. Color or race: W 6.(a) Single, married, widowed, or divorced: married
6.(b) Name of husband or wife: Mary Ellen Nicholson
6.(c) If alive, give age: 66 years
7. Birth date of deceased (mo., day, yr.): Oct. 12, 1864
8. AGE: Years: 83 Months: 5 Days: 10 If less than one day: hrs. min.

9. Birthplace: Snows Hill, Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Farming
12. Name: Liram Webb
13. Birthplace: Md.
14. Maiden name: Unknown
15. Birthplace:

16. Informant: Mary Ellen Webb
Address: Berlin, Md.
17. Burial: Red Men's Cemetery or crematory: Seelyville, Del
Location: Helen S. Watson
18. Funeral director: Pocomoke City, Md.
Address:

19. 5-25-48 19 48 Helen F. Hayward
(Date rec'd by registrar) Registrar

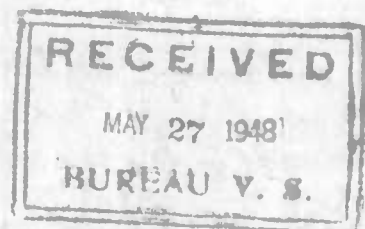
MEDICAL CERTIFICATION

20. DATE OF DEATH: May 22 1948 7:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22 1948 to May 22 1948
and that I last saw him alive on May 22 1948

Immediate cause of death: Accidental / Suicide
Due to: Struck by Automobile
Fractured rt. left legs
Internal abdominal injuries
Other conditions: Injuries to left breast
head
(Include pregnancy within 3 months of death)

Major findings of operations: _____
Date of op. _____
Autopsy results: _____
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: _____ Date of _____
Where did injury occur? Berlin P.P. (City or town) Md. (State)
Injured at home, farm, industry, public place (where?) _____
Means of injury: Automobile Injured at work? _____
23. SIGNATURE: P. N. E. Astorino Md.
Address: Pocomoke City Md. Date signed: 5/22/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

0551

1. PLACE OF DEATH:

County Worcester
City or town Snow Hill P.O.
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 13 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

William Henry Webb4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Bessie Webb7. Birth date of deceased (mo., day, yr.) Nov. 1, 1887 6. (c) If alive, give age 52 years8. AGE: Years 60 Months 6 Days 8 If less than one day9. Birthplace Snow Hill, Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name Bessie Webb13. Birthplace Md.14. Maiden name Mary Dean15. Birthplace Md.16. Informant Mrs. Henry WebbAddress Snow Hill Md P.O.17. Burial Date thereof 5/11/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Perdue CemLocation Cumelville Md P.O.18. Funeral director Anna A. BurhopAddress Bulfinch19. 5/11/48 Registrar Letoy Smith

(Date rec'd by Registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Worcester

City or town (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 1948 at 1:10 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 1948 to May 9 1948and that I last saw him alive on May 8 1948Immediate cause of death Cerebral Vascular Accident DURATION 12 Hrs.Due to Hypertensive Cardiovascular Disease 10 yrsDue to Partial Right Hemiplegia 3 yrsOther condition Partial Right Hemiplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

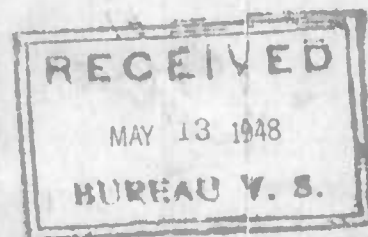
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert L. La Mer, M.D. M.D. or otherAddress Snow Hill Date signed 5-10-48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

83a

05485

Reg. Dist. No. 3574

1. PLACE OF DEATH: *Wicomico*
County.....
City or town..... *Stocketon Rural #1*
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? *74 years*
Hospital, institution, or street address where death occurred:
.....
How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State..... *Maryland* County..... *Wicomico*
City or town..... *Stocketon Rural #1*
(If outside city or town limits, write RURAL and give nearest town)
Street No.....
(If rural, give LOCATION)
2.(a) If veteran, name war..... *NO*

3. (a) FULL NAME *Joshua J. Hudson*3. (b) Social Security Number *none*4. Sex *Male* 5. Color or race *White* 6. (a) Single, married, widowed, or divorced *Married*6. (b) Name of husband or wife..... *Adel H. Hudson*7. Birth date of deceased (mo., day, yr.) *Sept. 13 - 1873* 6. (c) If alive, give age *65* years8. AGE: Years *74* Months *7* Days *29* If less than one day..... hrs. min.9. Birthplace..... *Stocketon Wicomico, Md*
(Town, county, and state)10. Usual occupation..... *Widower*11. Industry or business..... *Shipyard, Bay*12. Name..... *Major J. Hudson*13. Birthplace..... *Maryland*14. Maiden name..... *Sallie Chen*15. Birthplace..... *Maryland*16. Informant..... *Major H. Hudson*Address..... *Stocketon, Md*17. *Burial* Date thereof..... *May 14/48*
(Burial, cremation, or other) (month) (day) (year)Cemetery or crematory..... *Wicomico*Location..... *Stocketon*18. Funeral director..... *LeRoy E. Dwyer*Address..... *Snow Hill, Md*19. *May 14* 19 *48* (Date rec'd by registrar) *Mary M. Taylor* Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... *May 12* 19 *48* at *12:30 P.M.*21. I CERTIFY that death occurred on the date above stated; that I attended deceased from *April 1* 19 *48* to *May 12* 19 *48* and that I last saw him alive on *May 12* 19 *48*Immediate cause of death..... *Apoplexy* DURATION *6 wks*Due to..... *Arteriosclerosis and hypertension* *unknown*

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide..... Date of

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE..... *Paul Chen M.D.* M. D. or otherAddress..... *Snow Hill Md* Date signed..... *5.12.48*

